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THE LOUISVILLE MEDICAL NEWS: A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

LUNSFORD P. YANDELL, M.D., and L. S. McMURTRY, A.M., M.D.,

JOHN P. MORTON & CO., Publishers.

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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XIV.

LOUISVILLE, DECEMBER 9, 1882.

No. 24.

LUNSFORD P. YANDELL, M. D., . . . } Editors.
L. S. McMURTRY, A. M., M. D., . . . }

THE PROPOSED JOURNAL.

The proposition to establish a journal by the American Medical Association has elicited the cordial approval of the medical press of the United States, the members of the association, and the profession at large. The establishment of a journal which would furnish a quick and prompt means of diffusing the results of the scientific work of the association throughout the profession, and at the same time be a first-class medical periodical, has long been urged by the medical press and those most interested in the prosperity and usefulness of the association. The enterprise has been under advisement for several years, and has been wisely and cautiously moulded in plan and method by a most excellent committee. Since the appointment of the Board of Trustees in June last, a circular has been issued to the profession, and a sufficient number of physicians have pledged their support to the enterprise to justify the board in preparing for the issue of the journal immediately after the next meeting of the association. With the patronage of the association, with the papers and discussions which will be contributed exclusively to its columns, with the national character and scope which will distinguish it, the journal of the association will occupy a field hitherto vacant, and be of inestimable benefit to science and the profession. It will conflict with none of the existing American medical journals, but will give a stimu-

lus to scientific work, and render available much valuable material which has hitherto been buried in the annual volume of Transactions.

Dr. J. Milner Fothergill, in a recent letter to the Philadelphia Medical Times, has endeavored to show that the journal of the British Medical Association has not been altogether a blessing to the profession of Great Britain, and that its editor, Mr. Ernest Hart, wields altogether too much power. He suggests many dangers that may follow the foundation of such a journal, and thinks we should be slow to inaugurate on this side of the Atlantic a similar publication. Yet the whole scientific world recognizes the invaluable services to science and the profession which the British Medical Journal has conferred, and it is not difficult to read between the lines of Dr. Fothergill's letter that his objections are directed more to the *editor* of the British Medical Journal than to that able magazine. The American Medical Association needs a journal, and Dr. Fothergill's objections to the British Medical Journal can have no bearing whatever upon the action of the American Medical Association concerning the form and manner in which its publications will be given to the profession.

It has been apprehended by many that great difficulty will be encountered in the selection of an editor, and that it will be impossible to find a man equal to the demands and exigencies of the position. We doubt not that when the time comes the proper man will be found. In peace, as in war, the emergency brings out the requisite qualities, and

develops the essential elements of mind and character. All will recognize in the following words the characteristics which must distinguish the editor of the journal of the American Medical Association. We quote the language of a distinguished member of the association who is giving much thought to the successful founding of the journal:

In regard to the editorship, we need a man of thoroughly prompt business qualities, sound principles, clear head, and sufficient physical health to enable him to be always at his post. One who will exercise good judgment in selecting assistants to write up the progress of medicine in all its departments and properly notice the current medical literature, while *he*, by thorough knowledge of the practical working and proper objects of all social medical organizations, and a full, warm appreciation of what the medical profession should be, keeps an eye on the whole field, and with a liberal, kindly, but earnest editorial pen touches upon every subject of interest, prompting committees and writers, pointing out abuses, suggesting improvements and lines of investigation, and giving timely information on all points of practical working of our societies, both State and national. He should be able to see mentally and recognize equally the profession and institutions of the *whole country*, and not a narrow strip of it; should be fairly, *liberally* conservative, never revolutionary, having for his sole object the *real* advancement and honor of the whole profession.

The standard is high, but surely in the ranks of the profession of America such a man will be found. Let us hope the Board of Trustees will make a diligent search.

It is important for members of the profession to write to Dr. N. S. Davis, 65 Randolph Street, Chicago, Ill., the Chairman of the Board of Trustees, and inform him that they will be subscribers to the new journal. Members of the profession who are not members of the American Medical Association may become subscribers, and a pledge of subscription, made by signing the printed circular which has been distributed, or otherwise, is binding only for one year, the same as in subscribing for any other periodical. All members of the association and all physicians interested in keeping up with the progress of American medicine, who have not already done so, should communicate with Dr. Davis at once.

MISCELLANY.

IS MEDICINE A SCIENCE?—By Dr. H. V. Sweringen, in the College and Clinical Record: Art generally precedes science; particularly has this been the case in our profession; but art would remain the merest empiricism did it not avail itself of all the light which science can throw upon its objects. In the dawn of our history as a profession an empirical practice, which has barely yet disappeared, was the only one possible, but as our medical knowledge evolves and increases the field of study expands, but our methods of study become easier. In the science of our profession the subjects of investigation consist more particularly in the influence which outward objects have to produce changes in living bodies, which are concerned with the disturbance of their healthy functions, or with the restoration of those functions when deranged by disease. The art of the physician is appreciated by the success which attends his efforts in determining how best to avail himself of the knowledge thus obtained in counteracting changes which he wishes to prevent, or in promoting those which he wishes to restore to their ordinary condition in health. . . .

If it be a fact that opium will allay pain and inflammation, contract the pupil and promote sleep; if it be a fact that belladonna will dilate the pupil and counteract opium; if it be a fact that ergot contracts the uterus; that quinine interrupts malarial fevers; that the hydrated peroxide of iron will antidote arsenic; that common salt will antidote the nitrate of silver; that an alkali neutralizes an acid; that digitalis controls the heart; that sulphur cures the itch; that the surgeon's knife is wielded intelligently by reason of a correct knowledge of anatomical and pathological facts; if all these, and many hundreds more which might be furnished from the various branches which constitute the science of medicine, are facts, they constitute a group which we denominate medicine, and which is as much entitled to a scientific appellation as any other group of facts.

Our dyspeptic brethren and hysterical editors fail to make any distinction between the science of medicine and the practice of medicine. The practice of medicine may be largely empirical, and rely upon experience only; but the science of medicine must be founded upon some knowledge of the *modus operandi* of medicines. The facts

of the science of medicine which have already been established, and which are gradually accumulating, are of themselves full of interest, and many of them of the highest practical importance.

As physicians, we see complex results only, but can not trace all the conditions necessary to produce them. Therefore, accurate influences can be deduced only by slow degrees; consequently it is in many instances difficult to estimate the true value of the conclusions at which we have actually arrived. The multiplicity of disturbing causes with which the physician has to deal constitute other sources of uncertainty. In no case is patience and caution in forming our opinions more necessary, and yet nowhere is an immediate practical decision more requisite than in the treatment of disease. The temptation to form a premature judgment is, therefore, very considerable; and experience shows how difficult it is to correct a habit of this kind, when once acquired. From the very complexity of the phenomena upon which we are called to judge, it is for the most part extremely difficult to demonstrate that any given conclusion is inaccurate, or that any principle laid down has no solid foundation. But because of these varied and humiliating difficulties, these apparently insurmountable obstacles of which we are all aware and which we keenly feel, must we listen to the monotonous song of our pessimistic brethren? Do they prove that medicine is not a science? By no means. A fact is no less a fact by being incapable of demonstration. Medicine is a science, and an exact one too, but these uncertainties and difficulties of which we have spoken must necessarily attend its growth and development. Its progress has been slow, but progress has, nevertheless, been made. Who can successfully contradict this statement after comparing its present status with that which marked it even ten or fifteen years ago?

What we know of our science is as exact as that which is known of any other science. We do not claim that we know enough of it, or that, as a whole, it is perfect. It is like every other science—subject to the great law of evolution.

The title "allopath," which has so long been applied to us, is a misnomer. Our treatment of disease is not distinguished by any predominance of the allopathic principle. We do not, as a rule, attempt to cure a disease by creating another. We do occasionally make use of this principle. A

familiar example of it is the application of a blister for the relief of internal inflammation. In this case a new disease is produced upon a part which, without injury, is able to bear it, in order to cure the disease in the internal organ; and there is not in the whole field of medicine a fact better established than that disease is sometimes thus cured. But, notwithstanding our firm adherence to principles which have stood the test of time, we know no *pathy*, *ie*, or *ism*. We are lovers of the truth, no matter what havoc it may play with our preconceived theories. We have long ago thrown wide open every door and window of our grand old superstructure for the ingress of truth from whatever source it may come. Does the "old woman" in her practice possess it? It is ours; we assimilate it. Does the hydropath evolve it? We absorb it. Does the electropath discover it? We apply it. And if ever there shall come a time when an original and correct idea shall have struck the homeopathic school we will appropriate it so quickly that it will be difficult to determine where to place the credit of its priority. The whole realm of truth is ours; ours to discover, ours to apply, ours to enjoy, ours to preserve, ours to transmit. We are eclectics in the highest, truest, and best sense of the term. Innovations are invited—invited to be tested; if they stand the test of reason, of common sense and experiment, they are adopted. We seek to arrange whatever is highest, truest, grandest in medical experience. We belong to no sect or party; we ignore all artificial formulas of cure; our belief in remedies is not founded on extreme generalizations, and we will not submit to any other technical rules than those derived from a square view of facts, ascertained by the ordinary principles of positive science.

RESIGNATIONS.—Dr. J. M. Holloway, Professor of Surgery, and Dr. J. B. Marvin, Professor of Chemistry, in the Hospital College of Medicine, in this city, have resigned their respective chairs. The resignations have been accepted, and these gentlemen have withdrawn from the college, having been connected with it since its foundation. Their successors have not yet been announced. It is understood that the faculty will be reorganized, and the annual sessions held hereafter during the spring and summer months.

Several deaths from Chloroform reported.

MEDICAL FASHIONS.—Dr. James B. Baird, in Atlanta Medical Register: The medical world, like the social world, is swayed by fashion; not so completely perhaps, but as surely. Indeed there seems to be in mankind, if not a natural tendency, at least an early-acquired habit of observing times and seasons in the ordinary pursuits of life. In the days of childhood toys and sports have their own allotted time, and the youngster, scarcely able to toddle alone, knows his "top-time," "kite-time," "marble-time," etc.; and he is still submissively obedient to the edict of fashion in the selection of his more ambitious and more active amusements. So it is when we have put away childish things, and in the real or fancied plentitude of our power become men—robust, vigorous men. Even then habit asserts itself and holds us in subjection when the toys and sports of infancy give place to the instruments and vocations of manhood. We are still, we say, under the domination of our second, if not of our first nature, and the habit of following the fashion enfolds us in its irresistible embrace.

The admitted fact that there is an observance of fashion in medicine is not to be unconditionally decried. It is not so harmful as at first it may appear. Nay, it can be shown, we think, that, like fashion in clothes, it has its advantages and that it serves indirectly to promote medical interests. For instance, it insures a certain amount of uniformity in study, observation, and investigation. It serves to concentrate and fix the attention simultaneously of large numbers of workers, and to combine, as it were, the energies of the industrious members of the profession.

A master, or it may be only an enthusiast, leads the way into the misty realms of the unknown, or into a region enshrouded in doubt, and forthwith an army of eager recruits is found to follow, who, with varying degrees of ability, and endowed with a full assortment of mental gifts, apply the tests of experience to the novel theory, suggestions or procedures, and so by a multitude of witnesses the truth is established.

Of course there is abundant room here for mistakes, and the uneducated or over-credulous may easily be led astray; but we have great confidence in the corrective influence of numerous exponents and of time, and those medical practitioners who are so completely captivated by the new and who are so easily influenced by example, like the fop and the devotee of social fashions, are usually well-

meaning and amiable fellows, whose opportunities for inflicting damage are happily circumscribed.

ENGLISH CLIMATE AND CHARACTER.—The nervous temperament; the excess of energy; the exaggerations and intensities of character; the vulgarities and madness of selfish getting; the fierce resort to sham and shoddy as a short cut to profit; and all the forms of headlong service of the devil to which unregenerate, raw, brute humanity can be tempted, are very much worse in England than they are in America. And the air, said to favor such characters, is much worse in England than in America. I was myself under the impression, before I lived in England, that we had in America more electrical excitement than is known in England. But now I find that it shuts down on you more in England, and that while you see more in America, at a great height above the earth, you feel more of it in England and have it dropping on you more; and that, although it is characteristically damp, there occur more and longer times of irritating dryness and electrical aggravation than are known in America.—*Prof. Edward C. Towne, in Popular Science Monthly.*

A MEDICAL MAN CHARGED WITH MANSLAUGHTER.—Mr. Wm. Hawkins, late Assistant Medical Officer to the Gloucester County Asylum, has been charged before the Gloucester magistrates and committed to take his trial on a charge of manslaughter of a patient named Walter Partridge, who died recently in the asylum from fractured ribs said to have been caused by the violence of Mr. Hawkins. The prosecution was ordered by the Home Secretary in consequence of the sudden death of Partridge after a bath. He was a dirty, troublesome patient, fifty-three years of age. About two hours before his death the accused bathed deceased and another patient, and it is stated that he, along with two keepers, got the deceased down, jumped on his stomach, and made him cry "murder."—*London Med. Press.*

ALL persons interested in the public welfare will be glad to learn that several State legislatures have passed laws prohibiting the sale or use of the toy-pistol.

PROF. VIRCHOW has recently been seriously ill, but we are glad to state that recent accounts indicate the early restoration of his health and strength.

SYNTHESIS OF URIC ACID.—It is stated that Dr. Horbatschewsky, of the Vienna Chemical Institute, has succeeded in forming uric acid synthetically. As is well known, all attempts to produce this substance artificially have hitherto failed, and considerable doubt has existed with regard to its exact constitution, though it is generally represented as consisting of one radical of tartaric acid and two of urea (*The Lancet*). From the fact that uric acid under powerful oxidation splits up into molecules of urea, it has been assumed that this body is one of the substances through which every particle of albumen passes before it is thrown out of the body, and on this assumption it has been taught that when oxidation is imperfectly performed there is an accumulation of insoluble uric acid in the blood, which replaces some portion of the urea which ought to be formed. It is on this view that the doctrine of *lithemia* has been founded. On the other hand, there are a few who believe that uric acid in the human body in health, and even in disease, is formed in only very minute quantities, and that its pathological importance is to be referred rather to its insolubility than to its excessive production in the system. They hold that though uric acid contains residues of urea, it is not necessarily an antecedent of the latter, and that it is more probable they both start from a body containing at least some of the nitrogen in the form of cyanogen, and that the final cause of divergence lies in the fact that urea is the form best adapted to a fluid, as in the case of mammalia, and uric acid to a solid, excrement, such as is met with in birds and reptiles. This view is strengthened by the increasing evidence we have that the chief antecedents of the urea in the blood are partly the kreatine formed in muscle and elsewhere, and partly the leucin and other like bodies formed in the alimentary canal. A writer who has recently investigated the question from its clinical aspects remarks, that if this view be accepted, uric acid will be regarded as a consequence, and not a cause, of the manifold disorders to which it has been said to give rise; that when it is deposited, the fact of the occurrence of the deposit will have to be referred to the insolubility of the minute quantity that exists in human blood, rather than to any excessive production in the system, and that attention will then be primarily directed to the discovery of the circumstances which lead to the deposit of this insoluble substance rather than to vague generalizations concerning its

over-production from hepatic derangement or gouty proclivities.

A WARNING TO WATERCRESS EATERS.—The address of Mr. Thomas, last Tuesday evening, at the meeting of the Royal Medico-Chirurgical Society, on the life-history of the liver-fluke, as interesting as it was instructive, wound up with a word of advice, viz., that we should abstain from eating watercress (*Med. Times and Gazette*). We do not suppose that in an assemblage of men, all more or less well versed in physiology, any vegetarians were present; if there were such, we do not envy their feelings on hearing this warning, or on listening immediately afterward to the remarkable case narrated by Dr. Geo. Harley, so strongly confirming the view that eating watercress might be attended with danger. However, it occurs to us that, seeing what a powerful agent we have in salt, if the watercress were to be well rinsed out in a moderately strong solution of salt before being washed in fresh water, or instead of it, the embryos and ova would certainly, and their intermediary host in all probability be destroyed.

AN alarming subsidence of land has occurred in one of the suburbs of Maidstone, England. The stream of sewage which usually flows from the county lunatic asylum being missed from its ordinary channel, the road was taken up and a large cavity was discovered, down which the sewer had disappeared. This was immediately filled up with rock, but during the night another subsidence occurred, carrying away not only the sewer but the garden of an adjoining house. Some hundreds of loads of rock have, it is said, been emptied into the mysterious cavity, but it is not yet filled up. The tenants of the houses in the neighborhood forsook their dwellings at the first warning, and it is feared that more serious destruction of property will ensue. No satisfactory reason can be given to account for this startling occurrence.—*Med. Times and Gaz.*

ARABI BEY'S CHILD.—Arabi's child, who was recently reported to be dangerously ill, was found, when brought to the British doctors, to be suffering from a severe attack of itch.

ORIGINALLY, marshes or swampy soil surrounded the entire land aspect of modern London, with the exception of an isthmus on the northwest.

Original.

CEREBRAL HYPEREMIA AND HYPERESTHESIA,

WITH SECONDARY LOSS OF VISION, MAINLY CURED BY GALVANISM.

BY C. H. HUGHES, M.D.*

The past few decades have witnessed the dissipation of at least two delusive ideas in medicine; the one being physiological, the other pertaining to electro-therapy. With reference to the one it was formerly maintained that the encephalon was a plenum in regard to the blood, never holding more nor less of the sanguineous fluid by reason of the atmospheric pressure about it, the cardiac *vis a tergo*, etc. In regard to the other it used to be asserted that electricity mainly traveled on the surface of bodies.

In regard to the passage of the galvanic current, whatever preferences it may have for surface conduction, it is easy to demonstrate that it can be made to penetrate the cranial cavity, whether the current is passed in with the intra-cranial ramifications of the cervical sympathetic or made to descend from the os frontis to the nucha.

The verifications of this are too numerous and satisfactory to admit of doubt. The vertigo which follows the impress of a descending current from the frontal region of the cerebrum to the decussation of the fibers of the corpora restiformia, or from a crossed current, especially behind or through the ears or temples, affords sufficient illustrations in the vertigo which follows the resultant arterial contractions and dilations when the current is suddenly applied or suddenly withdrawn.

Case: Rev. L. is a Presbyterian divine residing in Illinois, of intensely studious habits, preparing his weekly sermons with much research and solicitude. The time habitually devoted to this labor is from the middle of the week until the following Sabbath; his hours of intensest labor being the night time, rarely terminating before midnight on Saturdays, and later, on other nights.

His congregation is influential, critical, and appreciative of his work, which he realizes, and while he has labored with solicitude to fill their expectations of him, he has had none of those feelings of depre-

*Other clinical confirmations and a more extensive presentation of the therapeutic value of cephalic and spinal galvanization will appear in the January number of the *Alienist and Neurologist*.

sion which come from a consciousness of unappreciated effort, and is not melancholic. He has, however, realized of late the failure of his mental powers for prolonged studious effort, and has become conscious that he must get relief or abandon his calling.

Symptoms, when he first came under my observation, were protrusion of the right eye and inability to distinguish light from darkness with it; cephalgia with inability to labor mentally without intensifying it; full pulse, 84 per minute, and increased temperature, 99.5 F. on side of blindness; sluggish bowels; an ill-at-ease sort of feeling in the day time, and incapacity for sufficiently prolonged, dreamless, and refreshing sleep, to daily recuperate him. He had no catarrh, and there were subjection noises in his left ear. Otoscopic and ophthalmoscopic examinations gave negative results. Esthesiometric examination gave abnormal and lessened tactile sensibility in the terminal branches of the tri-facial. Giddy sensations were complained of, and his appetite was somewhat impaired. The renal, hepatic, enteric, and cardiac functions, save the ganglionic excitation in the latter, were not appreciably abnormal.

The condition of this patient was one of partial paralysis of the vaso-constrictor nervous system, due probably to malarial influences as the pre-determining cause, and to psychical overstrain as the immediate exciting cause. I regard the cerebral pathological condition as one of psychically induced cerebral hyperemia with meningeal hyperesthesia and cortex irritability.

The treatment consisted mainly in cerebral galvanization with constant descending current, daily, of varying strength, enforced brain rest, and chemical restraint imposed by the sodium and potassic bromides in after-part of day and night, together with all rational efforts to restore trophic and waste cerebral equilibration. The patient is probably now fully restored, as I have heard nothing from him for many months. The following further history of this case is given by the patient himself:

I came into Southern Illinois in the spring of 1876. After being here about a month or two I took chills and fever. I was troubled with them for about one year. After getting clear of them I began to be troubled with what my physician here called nervous headache. As time passed this grew more troublesome until I had it half or more, probably, of my time. In September, 1881, I went north to spend a few days, and while there had very severe pains in my head, and was under the necessity of remaining in a

dark room for about forty-eight hours. During that time I lost the sight of my right eye entirely. Came back home and staid until last of November, when my left eye became somewhat affected. When I placed my case in your hands, or under your treatment, my sight was perfectly restored before I left the city, and since I have had no trouble whatever so far as they are concerned. I have been able to work ever since I returned home. Have done harder work and more of it than for three or four years before. My head does not trouble me much now. I think I have had headache but once during the last month. I eat well, sleep well, feel well generally, but I am exceedingly nervous; can scarcely hold a paper still enough to read it. I am still taking the same medicine you prescribed regularly, but gradually losing flesh. Weight when I went to St. Louis, last November, about two hundred and seventeen pounds, now about one hundred and eighty pounds. Can any thing be done for my extreme nervousness?

ST. LOUIS, MO.

DISSEMINATED SCLEROSIS OF THE SPINAL CORD.—THREE CASES IN ONE FAMILY.

BY J. W. HOLLAND, M.D.*

Prof. Pathology, Nervous Diseases, and Clinical Medicine University of Louisville.

On November 1, 1882, I made an examination of a patient sent me by Dr. W. H. Long, of this city, which presented features of a rarity sufficient to justify a special report.

J. C., aged twenty-seven, of Corydon, Ind., healthy during childhood, when twelve years of age began to stagger in walking. He was easily tired, and after exertion had a weak and aching feeling about the loins. From being occasional, the peculiar gait became constant; then the hands were affected with tremor on exertion, followed by weakness in hands and arms. The tremor grew in all the extremities, and eventually he suffered from spasmodic contractions in them. Gradually the weakness involved the trunk and the neck.

Three weeks ago, for the first time, a defect in speech was perceptible; at the same time there was a marked increase in the general paresis with a slight numbness which was also general. At present he is enfeebled to some extent in all the muscles of the neck, of articulation, of the trunk and of the extremities. The legs are paralyzed almost completely, the tremor has departed from them. The hands are not tremulous, but move in erratic paths when executing the commands of the will; they are still useful members. The affection of sensibility is

* Reported to the Louisville Medico-Chirurgical Society, November 24, 1882.

not very decided. There is no pain. The reflexes are exaggerated. No incoordination has been observed at any time. The bladder, rectum, and sexual apparatus are unaffected, though he has been of constive habit for years. The mind is clear, facial expression sad and dull, voice of uncertain pitch, and speech muffled. The head droops, and the body leans forward in a limp posture. There is no perceptible wasting of muscles, and he reports a gain in weight during the last year.

I take it that there will be no doubt of the diagnosis *disseminated sclerosis*, limited to the antero-lateral columns of the cord with a recent extension to the bulb. Such cases are not uncommon; the anomalous feature remains to be told. He has four sisters, two healthy, and two afflicted like himself.

One sister, age seventeen years, began during her eleventh year to trip or stagger, and now can not walk at all. She has tremors and is paretic in both arms and legs; the latter is far worse than the former. The trunk, neck, and articulating organs are free as yet. No incoordination or pain except a tired ache in the back. The bladder and rectum act healthily. Her mind is unimpaired.

Another sister, aged thirteen, during her eleventh year was struck in the same way with titubation, tremors, and weakness in the legs. Speech, neck, and arms sound; mind clear, and muscles unwasted. In searching the annals of neurology I have not found a parallel to this group. Three in one family are at the same age seized in the same way. Father and mother are alive and free from nervous maladies. My patient knows of no similar case in the family traditions as far back as they go.

LOUISVILLE, KY.

OPIUM-SMOKING.—Dr. Ayres, Colonial Surgeon of Hong Kong, says: I am no advocate of opium-smoking. My experience is, it may become a habit, but that habit is not necessarily an increasing one. Nine out of twelve men smoke a number of pipes a day, just as a tobacco-smoker would, or a beer or wine-drinker might drink his two or three glasses a day without desiring more. I think the excessive opium-smoker is in a *much greater minority* than the excessive spirit-drinker or tobacco-smoker. My experience is that the habit does no physical harm in moderation.

Correspondence.

NEW YORK LETTER.

MALARIAL POISONING AS IT AFFECTS CHILDREN.

Editors Louisville Medical News:

At the meeting of the County Medical Society, last Monday, Dr. L. Emmett Holt read a very interesting paper on Malaria in Children. The doctor analyzed 184 cases occurring in dispensary practice, and brought out some very good points especially from a diagnostic stand-point. I am sorry that I can only send you an abstract, as your readers necessarily meet with all phases of this protean malady. He intends publishing the paper together with a pretty full supplement of cases in the Children's Department of the American Journal of Obstetrics of this city. Young children, he argued, showed a peculiar susceptibility to all acute infectious diseases, and malaria formed no exception. Malaria in young life presented peculiar symptoms so that it differed from that of adults as much as pneumonia or gastritis did.

This subject had not been given the attention its frequency deserved, especially by writers on diseases of children in this country. The disease was often overlooked from the fact that the succession of chills, fever, and sweat were too often regarded as essential to the diagnosis. It would be of advantage in understanding the disease to drop this division into stages entirely. The intermittent and remittent forms shade into each other in such a way that a separate consideration of them is unimportant either theoretically or practically. The irregular forms are more frequent than in adults from the peculiar susceptibility of the nervous digestion and respiratory system of the child. Chills, chilly sensations, coldness of hands and feet, or any thing which might be interpreted as a cold stage, was recorded in only 40 cases. Sweating was more frequent than the cold stage, but less so than in adults. It came later and was rarely profuse.

The invasion was twice as frequent in the afternoon or evening as in the forenoon, differing thus from adults. This was noted gradual in seventy-two cases and abrupt in forty-five.

Cerebral symptoms were observed in the great majority of cases. Headache, which was nearly always frontal, was seldom ab-

sent, and often severe. Convulsions occurred in four instances, usually at the onset of the disease.

Marked drowsiness, amounting in some instances to stupor even, usually accompanied the accession of fever or marked the time of the paroxysm when the fever was absent altogether. Epigastric pains were noted as being present in 101 of 128 cases. They were often severe, usually paroxysmal, but without relation to the taking of food. They seemed to be neuralgic. In about one third of these cases marked epigastric tenderness was also present. Tenderness over the spleen was noticed in quite a large proportion. Pains in the back, extremities, and general soreness were observed very frequently. Muscular weakness, so that the patients tired on slight exertion, was quite a common symptom in the subacute and chronic cases; and in three there seemed to be actual loss of power. This passed away under the use of quinine.

Subacute bronchitis was a very common symptom; in the cases observed during the fall and winter months it was present in about one half the whole number.

Disturbances of the gastro-intestinal tract were usually noticed.

Constipation occurred in fifty-five cases and looseness of the bowels or diarrhea in twenty-seven. The latter was most frequent in the younger children. Vomiting was present in about one third, and usually occurred at the onset of the disease. The appetite was noted as unaffected in eleven cases only, and a clean tongue only in nine. Incontinence of urine occurred in six cases, retention in three, and in six micturition was stated to be frequent and painful. This symptom usually disappeared promptly on treatment of the malaria alone. The quotidian type was more frequent than the tertian in the proportion of five to one. Not a single case of the quartan was seen.

Of seventy-nine cases, the spleen was found enlarged in sixty-five, doubtful in four and normal in eleven. While splenic enlargement quickly occurs in young children it subsides quickly, and hence may be absent at the time of examination unless several paroxysms have occurred.

It seldom came below the free border of the ribs, and hence palpation was found of very little practical value in determining the fact of enlargement.

In the subacute cases the temperature ranged from 99° to 102°, and in the acute from 102° to 105°. A temperature above

106° was recorded in only three cases. The highest was 106½°.

Relapses were stated to be more frequent than in adults; they may be almost said to be the rule. Griesinger found them in sixty-four per cent of cases from one to ten years of age. Of the complications, anemia and bronchitis were the most frequent. These were especially noticed in the subacute and chronic forms. Dropsy was not seen, nor was jaundice. Intense pulmonary congestion, apparently of the same nature as the congestion of the spleen or liver, was seen in seven cases. The symptoms and physical signs of this resembled acute pneumonia. The existence of splenic enlargement and the smaller amount of prostration were usually enough to distinguish between them. The temperature for twenty-four hours was sometimes necessary. True spasmodic asthma of malarial origin was seen in six cases. Pneumonia occurred as a complication twice. Neuralgias, though less frequent than in adults, were noticed in a number of cases. Among the more infrequent complications were mentioned nephritis, vaginitis, chorea, tonsillitis, stomatitis, and small hemorrhages from the gums, nose, or vagina.

The masked or irregular forms were often overlooked because the fact was not generally appreciated that cases in which the symptoms were wholly laryngeal, bronchial, pulmonary, genito-urinary, or gastro-intestinal were really at times dependent upon malaria as a cause, in a district as malarial as some portions of New York.

The following points had been relied on in deciding the question:

Periodicity in the symptoms.

Coexisting enlargement of the spleen.

Failure of ordinary remedies to control the disease.

The fact that they yielded promptly to anti-periodics.

Dr. J. Lewis Smith, in discussing the paper, recorded his experience as fully corroborative of the points made by Dr. Holt.

* * *

STRYCHNIA IN ENLARGED SPLEEN.

Editors Louisville Medical News:

I noticed in the News of October 28th an extract from the Lancet on the treatment of enlargement of the spleen by parenchymatous injections of sclerotic acid, galvanopuncture, and other doubtfully justifiable means, and fully agree with you in your

terse designation of the termination of such treatment, "experimental murder." I also noticed in your enumeration of remedies for the same trouble that you did not include that which I consider the most potent of all remedies in enlarged spleen, *strychnia*, which seems to be not generally recognized by the profession.

In 1873 or 1874 there appeared an article on strychnia in enlargement of the spleen in the Pacific Medical Journal. Having had much trouble in the treatment of such cases, and having a very obstinate case on hand at the time I read the article, I at once gave it a trial, with the most gratifying results. Since then I have treated a great many cases of enlarged spleen in all stages with strychnia and *nux vomica*, and have yet to note a single failure. As I have not seen any thing published upon the subject since the article mentioned, and hoping it may be of interest to your readers, especially those living in malarious districts, I venture to describe a few cases.

John D., aged thirty years, suffered with engorged spleen for about eight months. It was so large as to considerably overlap the median line; was indurated and very tender. He was in bed most of the time, and the spleen steadily augmented. He had been under the care of several physicians, and had taken various treatments. Under my care he had gotten quinine, iron, belladonna, iodide of potash, etc. for nearly a month, with trifling benefit, when I put him upon strychnia, leaving off all other treatment. He took one sixteenth of a grain three times a day, and in a week was considerably improved. The strychnia was then increased to one twelfth of a grain, and in a week more the enlargement and induration of the spleen were scarcely perceptible and all pain was gone. The patient was directed to keep up the strychnia, one sixteenth of a grain twice a day for two weeks, and once a day for two weeks longer, and more than a year afterward he was not troubled with ague-cake.

Willie R., aged fourteen years, had intermittent fever in some form every summer and fall for several years; had been having chills for ten months when I saw him. He was very anemic; had been confined to bed ten days; spleen enlarged and tender. He received quinine for four days, when the paroxysms were arrested, and I ordered ten drops tinct. iron before and ten drops tinct. *nux vomica* after meals. In a few days he was up, and in a week more was picking cotton, and has remained well.

William B., aged twenty-two, had an attack of intermittent fever lasting only a few days. Several days after getting up he noticed a lump in the hypochondriac region. The enlargement continued to increase for three weeks, when he consulted a physician, who treated him for enlarged spleen for a month without benefit; indeed he grew worse all the while. He now came under my care, and was put on strychnia, one sixteenth of a grain, gradually increased to one twelfth of a grain, three times a day, and in three weeks he was perfectly cured.

J. H., aged thirty-five, had an attack of pernicious intermittent fever last summer. A few weeks after recovery he noticed an enlargement of his spleen. A physician was consulted and treated him for some weeks, the enlargement increasing and tenderness also, when he consulted another physician, who treated him for three weeks longer without improvement in any respect. On August 20th I saw him for the first time. He was unable to lie down, and had to be propped in bed to get his breath. His abdominal enlargement was immense. His entire belly seemed filled with spleen. I at once ordered strychnia, one sixteenth of a grain, increased to one tenth of a grain, three times a day. In three days he could lie down, and in a week could walk and was able to lie down all night. In two weeks he could walk well, had very little tenderness, and the swelling was reduced more than half. October 10th he was dismissed cured.

You do not believe in theories, and therefore I offer no speculations upon the *modus operandi* of the strychnia in curing splenitis, but these typical cases and satisfactory cures demonstrate the fact that it does it speedily and effectually.

WM. H. HARDISON, M.D.

RICHLAND, ARK.

JONATHAN HUTCHINSON'S ADVICE TO MEDICAL STUDENTS (Peroration to introductory at London Hospital).—If now I were to sum up in one sentence what I have been enforcing it would be this: The secret of all noble life lies in belief, and the characteristic of all noble minds is the vigor with which they believe that which is true. Try to attain belief in the reality of all things, so shall you never want for motives, so shall you be able to live and work without hurry and without sloth. Finally, permit me to commend to you this formula: Prize strength, love the beautiful, practice self-denial, and be patient.

Reviews.

The Diseases of the Liver, WITH AND WITHOUT JAUNDICE, WITH THE SPECIAL APPLICATION OF PHYSIOLOGICAL CHEMISTRY TO THEIR DIAGNOSIS AND TREATMENT. By GEORGE HARLEY, M.D., F.R.S., etc. Philadelphia: P. Blakiston, Son & Co. 1883. 8vo. Pp. 751. Cloth. Price \$5.00. Louisville: John P. Morton & Co.

The name of John Harley, M.D., F.R.S., has long been a familiar one to the readers of English and American medical journals. He is one of the most able, industrious, and devoted of the several clinical teachers so well known to the profession in connection with University Hospital. Twenty years ago Dr. Harley wrote a treatise on jaundice which was highly appreciated. These twenty years which have elapsed since that publication have been rich in clinical work and physiological investigation, and the author has utilized all these labors and observations in the preparation of this second work on the Diseases of the Liver.

With the conviction that too exclusive attention is devoted to pathology in the preparation of treatises on disease, the author has written this book with reference especially to the physiology of the liver and disease in connection therewith. This is the prominent feature of the book. Instead of taking diseased action and its results, studying the pathology, tabulating the symptoms in relation to lesions, and recording treatment in the view of these developments, the author keeps constantly in view the physiological processes, with disease constantly held up in comparison as a perversion of physiology. The scope of the book is broad; its method is thoroughly scientific. The first chapters are devoted to the chemistry, physics, and physiology of the liver. The etiology of jaundice is treated with ability, and in the chapter on the signs and symptoms of hepatic disease, we see the hand of the clinician and the scientific investigator in its fullest play. He then approaches the complicated subject of biliaryness and jaundice, which are considered with utmost detail. The work includes a consideration of all diseases of the liver and gall-bladder. The last chapter of the book, entitled General Hints to Aid in the Diagnosis and Prognosis of Diseases of the Liver, is unequaled by any previous treatise on the subject extant. The publishers announce that this edition is published simultaneously with the London edition by special arrangements with Dr. Harley, and is the only

authorized American edition. It is illustrated by two chromo-lithographs and thirty-six wood-cuts.

Medical Electricity. By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College; Fellow of the College of Physicians of Philadelphia, etc. Second edition, enlarged and improved, with one hundred and nine illustrations. Henry C. Lea's Son & Co., Philadelphia. 1882.

The first edition of this work was exhausted almost within a year, thus necessitating a new edition. This new edition has been enlarged by the addition of about thirty pages, and the matter in many portions has been considerably condensed. The distinguishing feature of Bartholow's treatise on electricity is that it is written from the practitioner's stand-point rather than from that of the scientist. We believe that the value of electricity in the treatment of many diseases is very much overrated in this work, and that its scope of application is much more narrow than is herein indicated. In this respect, however, it avoids the absurdities of many works on the subject, and is beyond all comparison the best treatise on Medical Electricity extant for the purposes of the practitioner of medicine. Electricity is a valuable therapeutic aid in the treatment of a large class of diseases, but the clear-headed practitioner knows that it does not possess all the subtle curative powers claimed for it by writers on electro-therapeutics.

Walsh's Physician's Combined Call-book and Tablet. Published by Ralph Walsh, M.D., 332 C Street, Washington, D.C.

This visiting-list is perpetual, the names of the months and numbers of the days being blank. Each page is ruled for thirty-four names, and columns are provided for the street and number. The visiting-list, obstetric record, cash account, and register of births and deaths are provided, and these are preceded by a large number of pages of miscellaneous information. Much of this text is valuable, while a great deal of it is devoted to information which should be in every practitioner's head instead of his pocket. The erasable tablet is a useful adjunct to the record, and the whole is bound in good red leather and presents a pleasing appearance.

Physician's Visiting List for 1883. Philadelphia: P. Blakiston, Son & Co. Louisville: John P. Morton & Co.

This old and popular visiting-list maintains its standard of excellence. Among its most useful features are the table of Poisons with their Antidotes, the Posological Tables, and the Metric System of Weights and Measures. The paper and binding are excellent and its shape and size convenient.

Books and Pamphlets.

PRELIMINARY REPORT ON THE YELLOW FEVER EPIDEMIC OF 1882 IN THE STATE OF TEXAS. Treasury Department: Marine Hospital Service. 1882.

CONTRIBUTIONS TO SURGICAL GYNECOLOGY. By EDWARD W. JENKS, M.D., LL.D., Chicago, Ill. Reprinted from the Transactions of the Illinois State Medical Society. 1882.

A BIOGRAPHICAL SKETCH OF EDWARD WARREN (Bey). Reprinted from the Medical Journal of North Carolina, and continued. Paris. 1882.

THE PHYSICAL BASIS OF MORAL INSANITY VIEWED IN RELATION TO ALCOHOLIC IMPRESSIONS. By T. L. WRIGHT, M.D., Bellefontaine, Ohio. Reprint from Alienist and Neurologist.

Selections.

The Mal del Pinto, or Spotted Disease.—Dr. Iryz has recently described, under this name, a rare but very interesting form of skin disease, which has hitherto escaped notice, says the British Medical Journal. Dr. Iryz's observations are based on a study of the disease during four years in Central America and Southern Mexico. In these regions the affection is more or less endemic, but does not appear to exist elsewhere. Dr. Iryz has embodied his observations in an exhaustive monograph, which he has submitted to the Academy of Medicine of Mexico.

Mal del pinto is characterized by abnormal pigmentation, by pruritus and desquamation, and by a characteristic odor. It may commence on any portion of the integument. The characteristic eruption radiates from several centers, and may either continue discrete, or become, in its later stages, confluent. There is no constitutional disturbance except from the continuous itching, which is always worse at night. The affection appears in four forms—black, blue, red, and white. In the two former the pathological process is apparently superficial to the dermis; in the latter it involves the true skin and rete mucosum. Hence, all cases may be grouped as epidermic or subepidermic. In the former, the eruption appears indiscriminately on all parts of the body except the soles and palms. The discolorations are circumscribed and slightly elevated. At first they are dry and rough, but later they exude a glutinous secretion. All signs of inflammatory action are absent. Pressure causes no pain or no change of color.

When the process of desquamation has reached its limit, the skin of an individual assumes the appearance of a mosaic pavement composed of various colors. Not uncommonly black is the prevailing tint, and the patient has the appearance of a negro, with an Indian or Caucasian type of face. In the later stages of the disease a tuberculous eruption is often developed. In the blue variety the discoloration is similar to that caused by grains of powder under the skin. It may be associated with patches of black or other altered pigmentation. Whatever the discoloration is in the first instance it always remains, and is not displaced or succeeded by other tints.

The subepidermic form of the *mal del pinto* may appear as patches of a dark red, pink, or brilliant white color, like cicatricial tissue. The white patches are generally bordered by a dark ring, as though the color had passed from the center to the circumference. When touched, these patches convey a different sensation from the neighboring healthy skin. The integument is hard, with diminished sensation. The capillaries have also undergone diminution or destruction. Pruritus is constantly present, but desquamation is less abundant than in other forms. As a general rule the patches are uniform in color, but occasionally they present islets of pigment in their centers, as if this substance had, in some places, escaped destruction. Sometimes the disease spreads from several centers, each distinct in color. These centers become eventually more or less confluent, and impart to the whole body, or to a limb, a very singular appearance. In such cases the aspect of the face is peculiarly repugnant. This, with the disagreeable odor of the disease—which is compared to that of moldy garments—accounts for the dread and detestation it excites in the communities in which it is endemic.

The *mal del pinto* sometimes commences in sound skin, but usually it follows some eruption, such as herpes or eczema. It is essentially chronic. Sometimes a patch of white discoloration remains for months unchanged. The black and blue forms spread more quickly and widely. Dr. Iryz noticed one case in which complete albinism was produced, the head, neck, thorax, limbs, and even hair, becoming as white as if dusted with flour.

The diagnosis presents little difficulty in well-marked cases. No other disease gives the same piebald appearance. No other possesses the characteristic odor, or the same furfuraceous desquamation.

Mal del pinto never kills, usually lasts through life, and is little influenced by treatment.

[Evidently the B. M. J. accepts Dr. Iryz's new disease without question. We confess we are not quite sure of its existence. It is almost too unique. Nothing exactly like *mal del pinto* has ever been described before. Central America and Mexico have been visited many times by learned and observant medical men and other scientists, and were *mal del pinto* endemic in any portion of these countries it would most probably have been observed and described. We are skeptical about new diseases or new animals being discovered in old countries. Doctors sometimes, like other people, are defective observers. Doctors sometimes have vivid imaginations. Doctors sometimes even romance, and this Mexican doctor's new disease sounds like a sea-serpent story.]

The Cause of Sick-Headache.—Dr. Savage, of Jackson, Tennessee, announces that he has discovered

the real cause of sick-headache to be hypermetropia and astigmatism, either alone or combined, and that its successful treatment consequently consists in the use of a properly fitted glass. The predisposition to sick-headache in most persons ceases between the ages of fifty and sixty. Dr. Savage offers as an explanation of this, that about this time a latent hypermetropia is converted into a manifest hypermetropia, the ciliary muscle that has had to work so hard during so many years being worn out and ceasing its labors, and thus there is no further cause for sympathy on the part of the head and stomach. The periodicity of the attacks he thinks may be explained by the eye being able to bear for a time the excessive work it is made to do, when at length its distress is made known by an explosive attack of sick-headache, the eye and head aching indescribably, and the stomach through sympathy so desperately nauseated as to unload itself of its contents. Even before the attack comes on the stomach performs its functions sluggishly through sympathy for the overworked eye. The exciting cause of the sick-headache, he is of opinion, is always to be found in the over-use of a hypermetropic or astigmatic eye.

Paget's Disease of the Nipple.—Dr. McCall Anderson supports the view that the affection of the nipple described by Sir James Paget is from the first of a malignant nature. He believes that the diagnosis, which is sometimes difficult, will be facilitated if the following points are borne in mind (British Medical Journal). Paget's disease occurs especially in women who have passed the grand climacteric; whilst eczema of the nipple and areola occurs generally in women earlier in life, and particularly during lactation, or in persons laboring under scabies. In the malignant affections, the affected surface in typical cases is of a brilliant red color, and is raw and granular-looking after the removal of crusts; in eczema the surface is not so red and raw-looking, and is not granular but punctated. In Paget's disease there is often superficial induration which is absent in eczema. In the former the edge of the eruption is abrupt and sharply cut, and often elevated; in the latter the edge is not so abrupt and is not elevated. Lastly, whilst eczema, although sometimes obstinate, yields to suitable treatment, the malignant affection only yields to extirpation or other treatment applicable to epithelioma generally.

Chrysophanic Acid Internally.—The internal administration of chrysophanic acid in psoriasis seems growing in favor in Great Britain. A number of cases have been reported. In cachectic cases it acts best. It is given in one-tenth to one-fifth-grain doses, three times daily after meals. In a week's time disappearance of the patches has been observed, and in three weeks this case was well, though of five years' standing. No unpleasant effects of the medicine occurred.

Chloroform in Midwifery.—A writer in the British Medical Journal says that the statement of Dr. Fancourt Barnes, that the hypertrophy of the heart met with in pregnant women is one reason for the singular safety of chloroform administration to women in labor, is doubtless correct, but it is questionable whether the idea is a new one. Most likely this will already have occurred to many who are conversant with the writings of the distinguished obstetrical teacher, Dr. Robert Barnes.

HARTER'S IRON TONIC.

FORMULA. Each dram of this preparation contains 1 grain of Iron, 2 grains Calasaya Bark, 1-200 grain Phosphorus, 1 grain Coca, 1 grain Viburnum, with a sufficient quantity of vegetable aromatics, Cologne Spirits, Sugar and Distilled Water.

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TO THE MEDICAL PROFESSION.—We will take pleasure in forwarding you, free of charge, a sample bottle of the Iron Tonic, as a trial, which is sufficient to fully establish its medicinal value.

TESTIMONIALS.

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I consider HARTER'S IRON TONIC an excellent remedy, both in regard to its stomachic and general effects. The combination is very felicitous, and in my experience is always followed by good results.—Cincinnati, Aug. 4, 1882.

J. B. COX, M.D.

For Female Diseases HARTER'S IRON TONIC is par excellence. The Combination is well adapted to Anemia accompanied with Dysmenorrhea, the good results being attributed to the Iron, Phosphorus, and Viburnum.

St. Genevieve, Mo., Aug. 10, 1882.

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I have been using HARTER'S IRON TONIC in my practice since 1875, and it has given me the most satisfactory results. I consider it a most excellent Tonic for general debility and nervous prostration.

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I am constantly prescribing IRON TONIC, it gives such general satisfaction. Where there is an opportunity it will reconstruct the most shattered and enfeebled constitution.

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The Iron Tonic acts on the stomach and liver, increasing the appetite, assisting digestion, building up the weak, frail, and brokendown system, thereby making it applicable for dyspepsia in its various forms; loss of appetite, headache, insomnia, general debility, female diseases, want of vitality, nervous prostration or exhaustion, convalescence from fevers. It prevents impoverishment of the blood; is valuable in anemia, chlorosis, etc.

The Iron Tonic contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of disease, fevers, and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections or induced by overwork, general debility in the most tedious forms of chronic diseases. It is friendly and helpful to the most delicate stomach. Does not cause nausea, constipation, or disarrange the digestive organs. Can be taken with impunity by the most delicate lady, infant, the aged or infirm, as by the sedentary student, whose system has suffered from over taxation of the brain; and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution.

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E. R. PALMER, M.D.....	Professor of Physiology and Clinical Diseases of the Chest.
T. S. BELL, M.D.....	Professor of State Medicine and Sanitary Science.
JAMES W. HOLLAND, A.M., M.D.....	Professor of Pathology, Clin. Medicine, and Diseases of the Nervous System.
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The Spring Session of 1883 will open March 5th, and will continue until June 1st. It includes Clinical Teaching and Pharmaceutical work in the Dispensary, systematic recitations from Text-books, by a corps of examiners who have the use of the Museum for illustration, personal manipulations in Operative Surgery, Chemistry, Histology, Ophthalmoscopy, Laryngoscopy, and Otoscopy, under the supervision of Demonstrators.

The Spring Course is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary, and does not count as a session.

The Fee for the Full Course is TWENTY-FIVE DOLLARS.

The Forty-Sixth regular Annual Session will commence on October 2, 1882, and will continue until March 1, 1883. Previous to this there will be a preliminary course of lectures free to all students, opening September 4th, and lasting until the beginning of the regular term.

The continued success of the practical exercises in Laboratories especially fitted with Beck's Microscopes, sets of Chemical Reagents, Manikins, Ophthalmoscopes, Laryngoscopes, etc., etc., has confirmed the wisdom of the Faculty in instituting these courses. Every facility and all needful apparatus will be furnished so as to make these teachings of permanent value to the student.

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It is urged upon all who seek to train their senses to the requisite degree of skill to make good diagnosticians and operators that at least one course of each of the manipulative branches be taken before applying for the degree.

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It is the determination alike of the Faculty and Trustees to secure to students that kind of information which will be most useful to them in active professional life, and it will be seen that no effort has been spared to make the University essentially a *practical and demonstrative* school.

The UNIVERSITY DISPENSARY, which is the property of the Faculty, affords great facilities to students. The building is upon the University grounds, and is open to patients and students throughout the year. It is the oldest institution of the kind in Louisville. It has obtained the confidence of the sick poor of the city, and its clinics are daily crowded with patients illustrating all varieties of disease. The advantages accruing to the University students from this source are among the chief attractions of the institution, giving them opportunities for attending cases and witnessing diseases in every phase. The Dispensary furnishes material for DAILY COLLEGE CLINICS from the following chairs: Clinical Medicine, Clinical Surgery, Diseases of Women and Children, Diseases of the Heart and Lungs, and Diseases of the Eye and Ear, Diseases of the Skin, and Diseases of the Nervous System.

In addition to the daily College Clinics mentioned, two Medical and two Surgical Clinics will be held weekly in the commodious amphitheater of the CITY HOSPITAL.

The Professors of Clinical Medicine and Clinical Surgery will lecture in the Hospital during the session. In addition to the above, the abundant clinical material of SS. MARY AND ELIZABETH HOSPITAL is at the command of the University Faculty.

FREQUENT EXAMINATIONS.

Universal experience has demonstrated the paramount importance of this mode of instruction as supplemental to lectures, and the Faculty has made a special provision for it. The wisdom of this action has been abundantly shown. The Faculty therefore devote additional hours for the purpose of a general "quiz," to be conducted by themselves.

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A Post-graduate Course has been organized by the Faculty, which will follow immediately upon the winter session and continue six weeks. Special instruction will be offered to practitioners in various departments of medicine and surgery.

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E. S. DUNSTER, M. D., Ann Arbor, Mich., Prof. Obs. and Dis. Women and Children University and in Dartmouth College.
THOMAS H. ANDREWS, M. D., Philadelphia, Pa., Demonstrator of Anatomy, Jefferson Medical College.
B. F. HAMMEL, M. D., Philadelphia, Pa., Supt. Hospital of the University of Penn.
F. R. PALMER, M. D., Louisville, Ky., Prof. of Physiology and Personal Diagnosis, University of Louisville.
HUNTER McGUIRE, M. D., Richmond, Va., Prof. of Surgery, Med. Col. of Virginia.
F. A. MARDEN, M. D., Milwaukee, Wis., Supt. and Physician, Milwaukee County Hospital.
L. P. YANDELL, M. D., Louisville, Ky., Prof. of Clinical Medicine and Diseases of Children, University, Louisville.
JOHN. A. LARRABEE, M. D., Louisville, Ky., Prof. of Materia Medica and Therapeutics, and Clinical Lectures on Diseases of Children in the Hospital College of Medicine.
R. OGDEN DORENUS, M. D., LL.D., New York, Prof. of Chemistry and Toxicology, Bellevue Hospital Medical College; Prof. of Chemistry and Physics, College of the City of New York.
WALTER S. HAINES, M. D., Chicago, Ill., Professor of Chemistry and Toxicology, Rush Medical College, Chicago.
E. F. INGALIS, A. M., M. D., Chicago, Ill., Clinical Professor of Diseases of Chest and Throat, Woman's Medical College.
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WM. ROBERTS, M.D., F.R.C.P., F.R.S., Manchester, England, Prof. of Clinical Medicine, Owens' College School of Medicine; Physician Manchester Royal Infirmary and Lunatic Hospital.
J. C. THOROWGOOD, M.D., F.R.C.P., London, England, Physician City of London Hospital for Chest Diseases; Physician West London Hospital.
W. C. PLATFAIR, M.D., F.R.C.P., London, England, Prof. of Obstetric Medicine in King's College, and Physician for the Diseases of Women and Children to King's College Hospital.
W. H. WALSH, M.D., F.R.C.P., Brompton, England, Consulting Physician Consumption Hospital, Brompton, and to the University College Hospital.
A. WYNN WILLIAMS, M. D., M.R.C.S., London, England, Physician Samaritan Free Hospital for Diseases of Women and Children.
A. C. MACRAE, M.D., Calcutta, Ind., Dep. Insp.-Gen. Hosp. Ind. Service, late Pres. Surg., Calcutta.
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